



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

## INFORMATIONAL LETTER NO. 960

**DATE:** October 26, 2010

**TO:** Iowa Medicaid Hospitals, Physicians, Dentists, Podiatrists, Optometrists, Rural Health Clinics, Clinics, Chiropractors, Maternal Health Centers, Certified Nurse Midwives, Federally Qualified Health Centers, Nurse Practitioners and Indian Health Service Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** **Retroactive Eligibility-** High Technology Radiology Prior Authorizations

**EFFECTIVE:** Immediately

As you have already been notified via Informational Letter 876, effective March 15, 2010, the IME implemented a prior authorization (PA) requirement for certain outpatient high technology radiologic tests. For these tests dispensed on and after March 15, 2010, a PA must be obtained by the ordering provider, utilizing the online McKesson's Clear Coverage™ process. The ordering provider must give the PA confirmation number to the dispensing provider for inclusion on the claim. These PA requests must be initiated on or before the date the radiology service is provided.

A process is being implemented for PA requests for members who have received retroactive Medicaid eligibility. For cases in which a member has received notice of retroactive Medicaid eligibility after receiving high technology radiology procedure(s), a retroactive authorization request must be submitted. For these cases where the radiology procedure(s) were done within the retro-eligibility date span, please submit form 470-0829, Request for Prior Authorization. This form can be found at the following link, <http://www.ime.state.ia.us/Providers/Forms.html>. These PA requests must be sent to: IME Medical Prior Authorization, P.O. Box 36478, Des Moines, Iowa 50315, or faxed to 515-725-1356.

The PA request must be accompanied with documentation supporting the medical necessity for the high technology radiology service and the retroactive Medicaid eligibility notice. Include diagnosis, symptoms, history of illness, physician's plan for treatment, and other interventions that were not appropriate or successful. PA requests will only be approved when medical necessity criteria have been met and the service was provided to the member prior to the retroactive eligibility notification.

If a high technology radiology PA request is submitted as described above and the member does not have retroactive eligibility, the PA will be denied. In all cases unrelated to retroactive eligibility, the prior authorization request must be initiated on or before the date of service utilizing the online McKesson's Clear Coverage™ process.

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally (in Des Moines) at 515-256-4609, or by e-mail at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).